

Print or type in the unshaded areas only
Spaces are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

NM0020389



U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F N M D 0 0 0 8 0 4 4 0 1

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	1)			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP UNITED NUCLEAR-HOMESTAKE PARTNERS

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) EDWARD E. KENNEDY, DIR. ENV. AFF. B. PHONE (area code & no.) 505 287 4456

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX P.O. BOX 98 B. CITY OR TOWN GRANTS C. STATE NM D. ZIP CODE 87020

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER SAN MATEO ROAD B. COUNTY NAME MCKINLEY C. CITY OR TOWN N A D. STATE NM E. ZIP CODE N A F. COUNTY CODE (if known)

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CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	1	0	9	7			
(specify) MINING URANIUM ORE				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
8 UNITED NUCLEAR - HOMESTAKE PARTNERS												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				P (specify) PRIVATE		505 287 4456			
E. STREET OR P.O. BOX													
P O BOX 98													
F. CITY OR TOWN								G. STATE		H. ZIP CODE			
B GRANTS								NM		87020			
IX. INDIAN LAND													
Is the facility located on Indian lands?													
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
9 N N M 0 0 2 0 3 8 9												9 P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
9 U												9 D P 3 6 (specify) 1) State Groundwater Discharge Plan for ponds											
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
9 R												(specify)											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Uranium mining and milling

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
John M. Parker General Manager		<i>J.M. Parker</i>		12/19/80	

COMMENTS FOR OFFICIAL USE ONLY

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VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
NUS Corporation	900 Gemini Avenue Houston, Texas 77058	(713) 488-1810	Those parameters identified as hav- ing only one (1) analyses.

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

John M. Parker, General Manager

B. PHONE NO. (area code & no.)

(505) 287-4456

C. SIGNATURE

D. DATE SIGNED

6/24/81

